PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Ellective October 1, 2000								04 12 263					
		CLAIMS AS	(Column 1)		(Column 2)		SMALI	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS							RAT	E	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			78 minus 20=		. 28		X\$ 9	=		OR	X\$18=	1044:-	
INDEPENDENT CLAIMS			3 minus 3 =		•-		X40	=			X80=	10 1 17	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				.405			OR			
• If	the difference	in column 1 is	less than zero, enter "0" in column			column 2	+135	_		OR	+270=	10 1	
CLAIMS AS AMENDED DADT II							TOTA	L		OR	TOTAL	754	
	2/21/04	(Column 1)				(Column 3)	SMAI	LL E	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· <i>33</i>	Minus	78		= D ·	X\$ 9	=		OR	X\$18=		
	Independent	• 5	Minus	<u>3</u>		=2	X40=	=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR	+270=		
							TOT ADDIT, F			OR	TOTAL ADDIT, FEE		
_		(Column 1)		(Colu		(Column 3)	ADD11. F	1		•	ADDII. PEEL		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S	Total	•	Minus	••		=	X\$ 9:	-		OR	X\$18=		
A	Independent	NTATION OF MI	Minus	···	CLAIN	=	X40=			OR	X80=		
	INOTPRESE	INTATION OF IM	DETIFIE DEF	ENDEN	CLAIM		+135=			OR	+270=		
							TOT ADDIT. FI	AL EE		OR	TOTAL ADDIT. FEE		
_		(Column 1)		(Colur		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total	•	Minus	**		=	X\$ 9=			OR	X\$18=		
AME	Independent	•	Minus	***		=	X40=	†		OR	X80=		
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╅		on I			
	If the entry in colu	mn 1 is less than t	ne entry in coh-	mn 2 write	ا من 10°in من	hımn 3	+135=	L		OR	+270=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

	FEE	TRAI	NSMI'	TTAL		nprete ir	Кложи	
	FEE TRANSMITTAL for FY 2005				Application Number	.650		
			Filing Date December 29, 2000					
	Stactile 1	ODVOCA PRINCE	व्य क्षण श्रिक्त के व	imusi radolni	First Named Inventor Examiner Name		I. DICKSTE	IN
	Applica	nt claims small on	Ovstoke See	37 CFR 1 27		C. R. K	XIE	<u> </u>
		NT OF PAYME			Artunit	3624		
			,,,,		Attorney Docket No.	468182	000100	
	METH	OD OF PAYME	NT (chack at t	that apply)	FEE CAL	CULATIO	N (contenues)	
	Chock	Credit (Cord 7	Money Order	2. EXTRA CLAIM FEES			
	X Deposit A	coount		None	For President		Eee (8)	Small Entity Fee (8)
	Account Number	03-	1952		Each elaim over 20		18	9
	Oepost Account	Morrison &	Foerster LLI	P	Each independent alaim over	3	88	44
	Name The Director is a	sufficient to: (chec			Multiple dependent claims	•	300	150
	_	fee(s) indicated belo			For Reissnes, each claim over more than in the original pa	20 and	18	9
•		ibo(k) indicated below any additional (bejs) CPR 1.16 and 1.17			For Reissues, each independent more than in the original pa	nt claim	88	44
	. —							
		ту очетраутеліз			Total Claims Bx	ra Claims	Foe (8)	Fee Paid (8)
	To the above-ide:	reficed deposeit accor	val.		33 .78 2	-	, _	
	Other (please	identity:			MP= highest number of t indep. Claims Ext			
•		FER CALC	VIATION		6 -3:2	ra Claims	Fee (5) =	Fee Paid (5)
•	1. BASIC FILING				HP= nightest number of independe	nt chairna pa t	for, i greater	400.00 ton 3
		3 FEE			Multiple Dependent Claims		Pee (\$)	Fee Paid (8)
•	For Descriptio	Ecc.(8)	Amail Entire	Fee Paid (5)	° °	0	180	C
	Utility Filing Fee	790	395			SED	total (2) S	.400.00
	1429012300	150	333		3. OTHER FEES		Craff Entity	
	<u> </u>				Fee Description 1-comb execution of time	Fee (5)	<u>Foo.(8)</u> 55	Fee Paid
	Design Filing Fee	350	175		2-month cottonion of time	430	21.5	
				•	3 mosts extension of time	980	490	1.020.00
	Plant Filing Foc	550	275		4-man's extraction of time	1,530	765	
		,,,,			Seconds extension of done Information disclosure some Pee	2,030	1,040	
			•		37 CFR 1.17(g) processing the	160 50	1\$0 50	
	Reissuc Pfling Fee	790	395		Non-Baglish specification	130	130	
					Noder of Appent	340	170	
·	Provisional Filing	Ree 160			Filing t brief in support of appeal	340	170	
	. 144monus 1 Hins	100	80		Request for oral bearing Other:	300	rzo °	
		Subt	otal (1) S	0.00	Umer:	Sub	total (3) \$	1,020,00
	SUBMITTED BY		2					
	Signature	Kush	ear 1	u-	Registration No. 44,865	Telephone	(415) 2	268-6983
	Nama (Print/Type)	Katherine D. I	ee			Date		er 21, 2004
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